

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BZ	897	11-19-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 -+ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	02/23
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13	N
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17	N
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20	N
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25	✓
26	✓
27	N
28	✓
29	✓
30	N
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34	N
35	✓
36	✓
37	✓
38	✓
39	N
40	✓
41	✓
42	N
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48	N
49	✓
50	✓

Claim	Date
Final Original	
51	N
52	✓
53	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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11/21